MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	33					

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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99							
100							
TOTAL IND.			↓		↓		■
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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